

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000058428**

1. Corporation Name

MIAMI MEDICAL OFFICES, INC.

Principal Place of Business

Mailing Address

**3526 W FLAGLER STREET
MIAMI FL 33135**

**3526 W FLAGLER STREET
MIAMI FL 33135**



*filed as AK
Reinstatement fee waived
mwb
11-21-96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0599855

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	LOSADA, NORMA B	3526 W FLAGLER STREET	MIAMI FL 33135
D	LOSADA, NORMA B	3526 W FLAGLER STREET	MIAMI FL 33135

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***233.00 ***233.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LOSADA, NORMA B
3526 W FLAGLER STREET
MIAMI FL 33135**

Name **Norma B. Losada**
Street Address (P.O. Box Number is Not Acceptable)
3526 W FLAGLER STREET
Suite, Apt. #, Etc.

City **MIAMI**

State **FL**

Zip Code **33135**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Norma B. Losada**
REGISTERED AGENT MUST SIGN

Date **9/18/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Norma B. Losada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96 (305) 446-5610
Date Daytime Phone #

CPRE040 (7/96)